

## DOWNEAST DISTRICT:

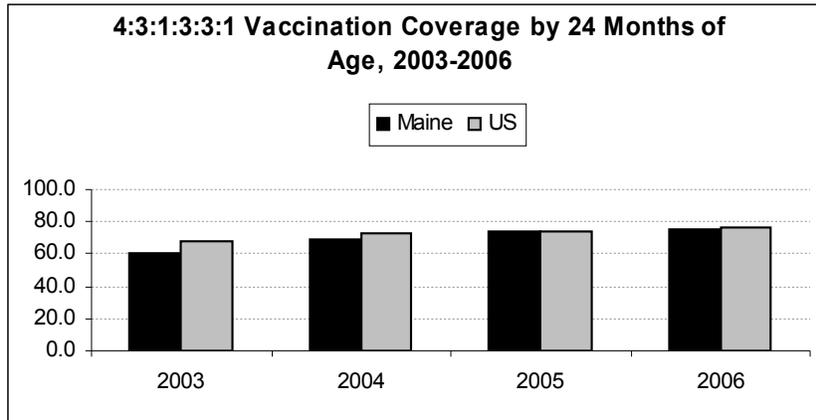
## Infectious Diseases

### Child Vaccinations Immunization Rates by 24 Months of Age

Immunization has been one of the safest and most effective public health tools in the prevention and control of infectious diseases. Achieving higher vaccination rates prevents and reduces immediate risk of disease and death in individuals and the community as a whole. Groups of people, whose immune systems are more vulnerable, such as children, have particular need for protection.

The Maine Immunization Program works with the federal CDC, local providers and community partners to educate, promote and provide oversight of local vaccination rates for **4:3:1:3:3:1**, the optimal vaccination sequence for kids in this age group. Through support of local community action and outreach and provider education, communities can choose to protect their own, and in the process, everyone is protected.

Learn more about the Maine Immunization Program at [www.maine.gov/dhhs/boh/ddc/\\_immunization/](http://www.maine.gov/dhhs/boh/ddc/_immunization/)



4:3:1:3:3:1 represents 4 DTaP, 3 Polio, 1 MMR, 3 Hepatitis B, 3 Hib and 1 Varicella; US National Immunization Survey

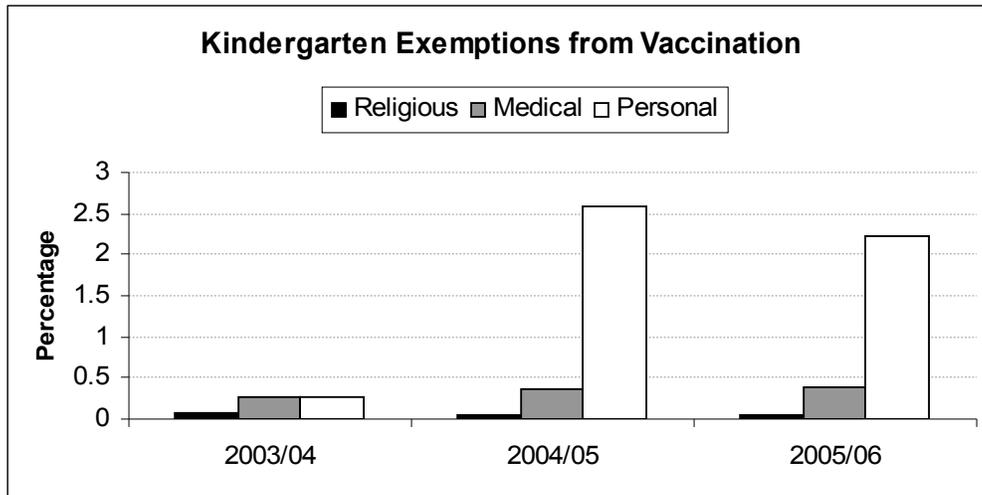
	Maine State Percent	US Percent
2003	60.8	67.4
2004	68.9	72.9
2005	73.9	74.1
2006	75.7	77.0

## **Kindergarten Exemptions from Vaccination**

Although today’s vaccines are extremely safe and effective, misinformation exists that may lead some well intentioned parents to question the value of child immunizations related to that safety. The Maine CDC monitors the scientific evidence for safety at all times, and balances that research against the alternative: to not vaccinate children. The long experience of using this public health tool to protect children’s health wins out every time.

Maine CDC’s Maine Immunization Program tracks rates of vaccinations, and funds education outreach in partnership with communities. It builds partnerships with school nurses to allow for an open dialogue with parents to counter the myths and misinformation pushed through the internet and in other popular media.

To learn more: [www.maine.gov/dhhs/boh/ddc/\\_immunization/school\\_requirements.html](http://www.maine.gov/dhhs/boh/ddc/_immunization/school_requirements.html).



Note: Change “personal” to “philosophical” as below.

	<b>Religious Number</b>	<b>Medical Number</b>	<b>Philosophical Number</b>	<b>Total Surveyed</b>
2003/04	10	38	37	14,701
2004/05	8	53	375	14,452
2005/06	8	57	319	14,298

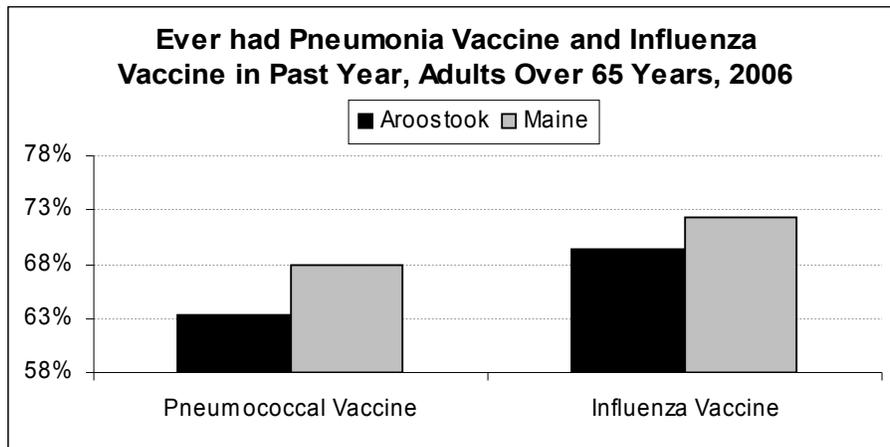
\*Maine CDC Immunization Program (MIP) School Survey

**Immunization for Adults**  
**Pneumococcal and Influenza Vaccination**  
**65 Years of Age or Older**

Research data indicate on average, 226,000 people are hospitalized every year because of influenza [flu] and 36,000 die – especially vulnerable seniors. Pneumococcal disease, another infectious disease that is particularly lethal for those over 65, kills more people in the United States each year than all other vaccine preventable diseases combined.

This is preventable when our communities and health systems work together.

The Maine CDC’s Maine Immunization Program funds educational campaigns and free flu vaccine to high risk populations and free pneumococcal vaccine for Maine residents in long-term care facilities. See [www.maine.gov/dhhs/boh/Influenza\\_2007-2008.htm](http://www.maine.gov/dhhs/boh/Influenza_2007-2008.htm) and [www.cdc.gov/vaccines/vpd-vac/pneumo/default.htm](http://www.cdc.gov/vaccines/vpd-vac/pneumo/default.htm) .



	<b>Downeast District Percent</b> (± Margin of Error)	<b>Maine State Percent</b> (± Margin of Error)
Pneumococcal Vaccine Ever	63.4 (± 14.7)	67.9 (± 3.5)
Influenza Vaccine Past Year	69.4 (± 13.5)	72.3 (± 3.1)

\*2006 Behavioral Risk Factor Surveillance System (BRFSS) data

## **Chronic Hepatitis C**

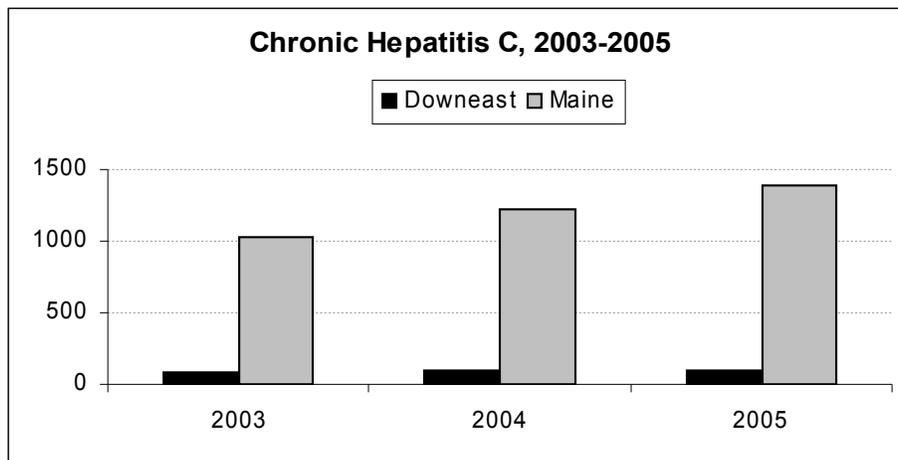
Hepatitis C is a virus that can damage the liver, cause cirrhosis, liver cancer or even death. It is the most common bloodborne infection in the U.S.

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An estimated 20,000 Maine people have been infected with hepatitis C; however, less than half may be aware of their infection. A reliable test for this virus only became available in the last fifteen years and many people have never been screened.

Identifying people infected with Hepatitis C is an objective of *Healthy Maine 2010*.

To find out more about Hepatitis C prevention activities in Maine: see the HIV/STD Program via [www.mainepublichealth.gov](http://www.mainepublichealth.gov).



	<b>Downeast District Number</b>	<b>Maine State Number</b>
Chronic Hepatitis C 2003	78	1030
Chronic Hepatitis C 2004	91	1224
Chronic Hepatitis C 2005	98	1382

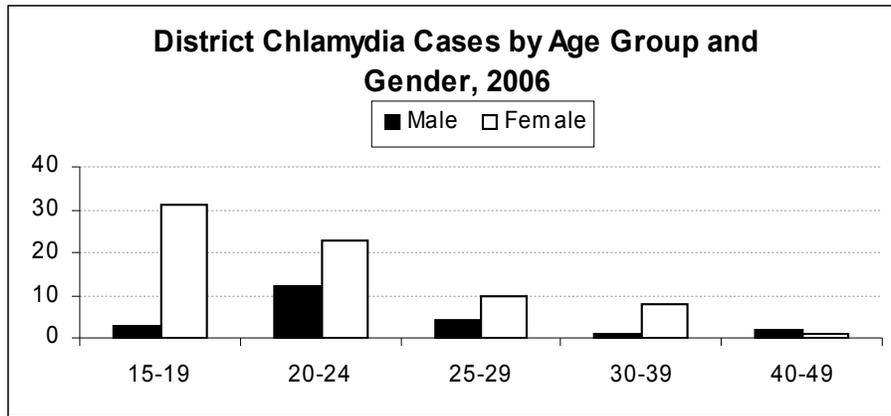
\*Maine CDC HIV, STD & Viral Hepatitis Program

## *Chlamydia*

Chlamydia is a sexually transmitted infection in men and women. In women, symptoms may be mild or absent, and can result in pelvic inflammatory disease and infertility. It is more frequently diagnosed in younger adults and adolescents; and is preventable.

Reducing the number of chlamydia cases and related illnesses is a *Healthy Maine 2010* objective. Communities can work to assure that there is access to prevention education, prevention supports and screening for residents.

Maine CDC’s Maine Infertility Prevention Project is supported by the Maine HIV/STD program, and includes support for education outreach campaigns, public STD testing and treatment clinics. For more information, contact the program at [www.mainepublichealth.gov](http://www.mainepublichealth.gov).



	Downeast District Males	Downeast District Females	Maine State Males	Maine State Females
0-14	0	0	1	18
15-19	3	31	134	647
20-24	12	23	277	698
25-29	4	10	114	190
30-39	1	8	74	94
40-49	2	1	27	19
50+	0	0	4	5
Unknown	0	0	1	1
<b>Total</b>	<b>22</b>	<b>73</b>	<b>632</b>	<b>1672</b>

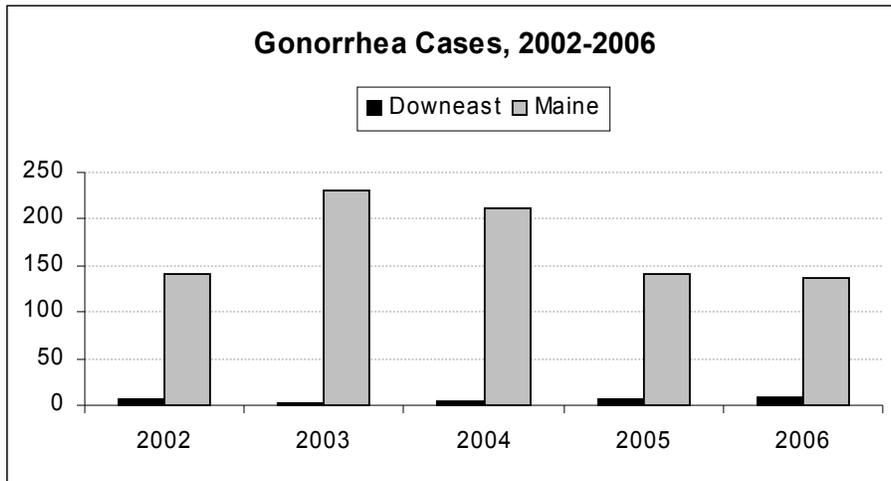
\*Maine CDC HIV, STD & Viral Hepatitis Program

## Gonorrhea

Gonorrhea is a sexually transmitted infection that can cause serious and permanent health problems in both women and men. However while it can cause notable and painful symptoms in men, there may be no symptoms in women. Gonorrhea can cause pelvic inflammatory disease and infertility.

Communities need to assure that there is access to prevention education and support and screening for their residents. Gonorrhea prevention, testing and treatment are promoted in Maine through health education programs, information campaigns, and public STD testing and treatment clinics.

Maine CDC’s Maine HIV/STD program supports for education outreach campaigns, public STD testing and treatment clinics. For more information, see [www.mainepublichealth.gov](http://www.mainepublichealth.gov)



Diagnoses	Downeast District Number	Maine State Number
Gonorrhea Cases 2002	6	141
Gonorrhea Cases 2003	3	231
Gonorrhea Cases 2004	4	212
Gonorrhea Cases 2005	6	142
Gonorrhea Cases 2006	8	137

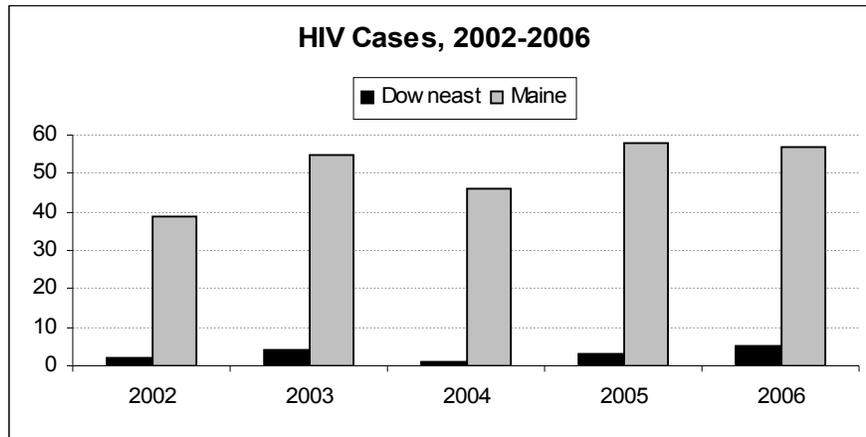
\*Maine CDC HIV, STD & Viral Hepatitis Program

## HIV

HIV is a virus that can weaken a person’s immune system, leading to AIDS, a potentially fatal condition characterized by illnesses such as cancers, respiratory infections and uncontrolled weight loss.

HIV infection continues to be a risk in Maine. While medications, medical, financial and social supports can lead some people to experience HIV more as a long term chronic illness, it remains a challenging and costly condition. Nationally up to a third of people with HIV don’t know they’re infected. HIV leads to a vulnerable health status and years of life lost; and it is preventable. As a result, reducing illness and death caused by HIV is an objective of *Healthy Maine 2010*.

Maine CDC’s HIV/STD Program tracks data on HIV and offers technical assistance, training and funds to Maine’s community HIV prevention and care providers. To find out more see the Program and its resources at [www.maine.gov/dhhs/boh/ddc/hiv\\_std\\_vh.htm](http://www.maine.gov/dhhs/boh/ddc/hiv_std_vh.htm).



Maine State HIV Characteristics	2002-2006 N=255
Male	217
Female	38
Under 13	2
13-19	2
20-29	59
30-39	66
40-49	91
Over 49	35
Men Who Have Sex with Men [MSM]	163
Injection Drug Use [IDU]	17
MSM/IDU	2
Heterosexual Contact	30
Pediatric	2
Unknown	41**

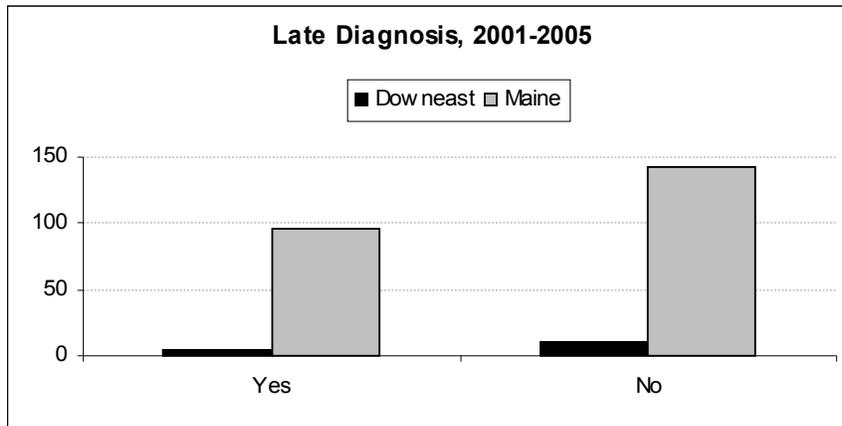
Includes people who did not disclose transmission risk or who disclosed heterosexual contact with partner of unknown risk status; Maine CDC HIV, STD & Viral Hepatitis Program

## ***Late Diagnosis*** ***(AIDS diagnosis within 12 months of first HIV diagnosis)***

During the past 5 years, 40% of people diagnosed with HIV were ill enough to be classified with AIDS within 12 months of their initial HIV+ test. This likely means they had been infected with HIV for a long while. As many as 500 people in Maine may have HIV and not know it.

Reducing late HIV diagnoses is an objective of *Healthy Maine 2010*, and is the goal of numerous HIV testing initiatives targeting at-risk persons throughout the state.

To find out more about HIV testing and prevention in Maine: [www.mainepublichealth.gov](http://www.mainepublichealth.gov).



	Downeast District Number	Maine State Number
Late Diagnosis	5	96
Not a Late Diagnosis	10	142

\*Maine CDC HIV, STD & Viral Hepatitis Program

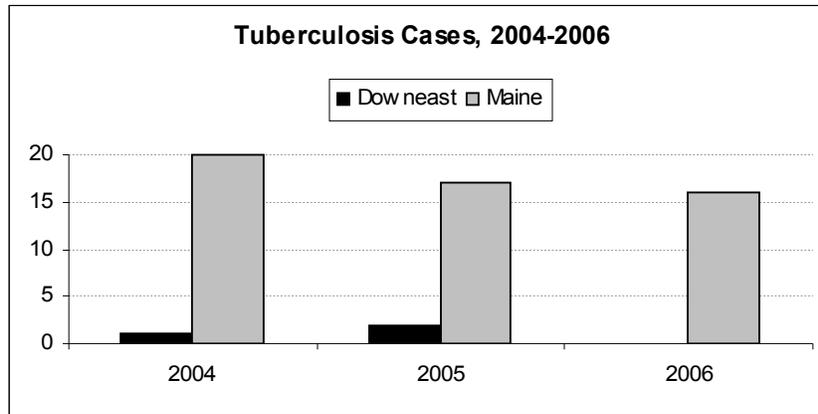
## **Tuberculosis**

Controlling tuberculosis (an airborne bacterial infection) is a priority for public health systems across the U.S. Because it is contagious a diagnosis must be immediately reported to the Maine CDC.

Tuberculosis control may only be achieved through aggressive statewide efforts to identify, diagnose and treat active tuberculosis disease and by preventing new infections. Tuberculosis control is an objective of *Healthy Maine 2010* and the Maine State Health Plan.

The Maine CDC’s Tuberculosis Control Program provides oversight, tracking, technical assistance and support for health care providers and communities. It follows U.S. CDC standards for prevention, treatment and control, up to and including using the Maine CDC’s authority to require isolation of patients.

To learn more, see [www.maine.gov/dhhs/boh/ddc/tuberculosis\\_control.htm](http://www.maine.gov/dhhs/boh/ddc/tuberculosis_control.htm).



	Downeast District Number	Maine State Number
Tuberculosis Cases 2004	1	20
Tuberculosis Cases 2005	2	17
Tuberculosis Cases 2006	0	16

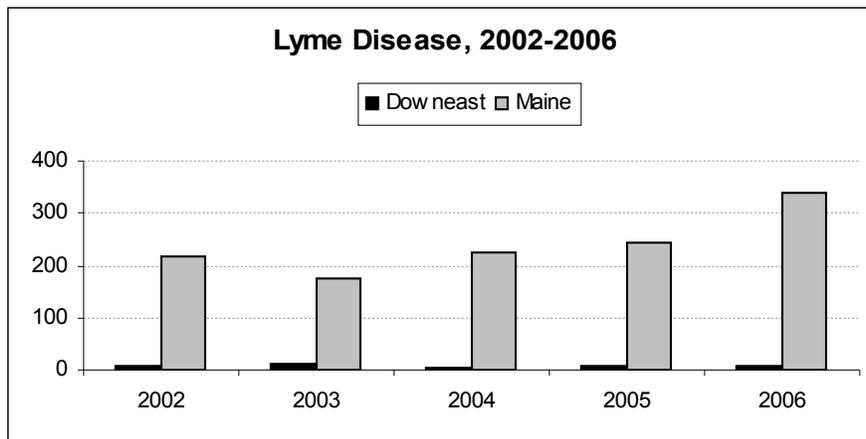
\*Maine CDC Tuberculosis Program

## **Lyme Disease**

Lyme disease is a tick-borne illness that is a growing threat in Maine, with an average of about 240 reported cases per year in the last five years; the growth in cases is of increasing concern. People who get it most often are those who are outdoors in areas where ticks are found, children under 15, adults over 50, and people who have other illnesses that make it hard for them to fight off diseases.

A *Healthy People 2010* objective is to reduce the annual incidence of Lyme disease.

Maine is working toward achieving this objective through general and targeted educational activities and technical assistance to local communities. For more information on Lyme disease, contact the Maine CDC at [www.maine.gov/dhhs/boh/ddc/\\_lyme/lyme\\_1.htm](http://www.maine.gov/dhhs/boh/ddc/_lyme/lyme_1.htm).



	<b>Downeast District Number</b>	<b>Maine State Number</b>
Lyme Disease Cases 2002	7	218
Lyme Disease Cases 2003	10	175
Lyme Disease Cases 2004	4	224
Lyme Disease Cases 2005	8	245
Lyme Disease Cases 2006	6	338

\*Maine CDC Infectious Disease Epidemiology Program

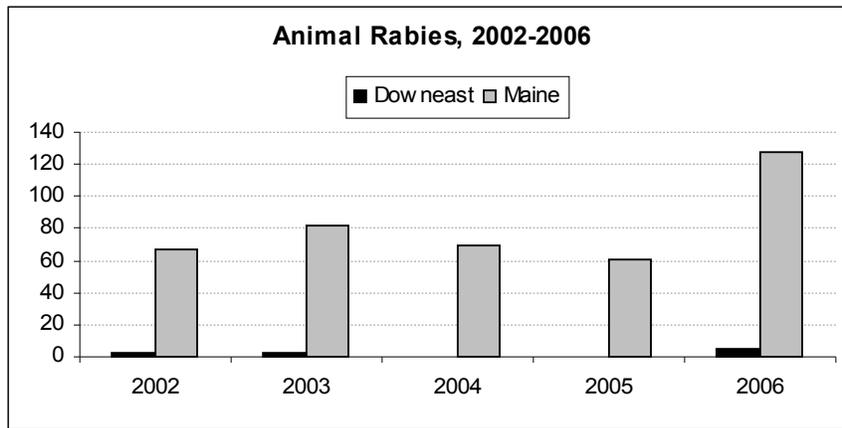
## **Rabies in Animals**

Animals that are infected with rabies can spread this fatal disease to people and other animals through a bite, scratch, or other exposure to saliva.

Rabies can be prevented in domestic animals through vaccination and in people through prompt medical care once an exposure occurs. Communities can take action to assure awareness and education about rabies.

The Maine CDC's Rabies Program tracks cases, provides outreach education, and technical assistance if an exposure occurs.

To learn more about rabies: see [www.maine.gov/dhhs/boh/ddc/rabies\\_surveillance.htm](http://www.maine.gov/dhhs/boh/ddc/rabies_surveillance.htm).



	<b>Downeast District Number</b>	<b>Maine State Number</b>
Animal Rabies Cases 2002	3	67
Animal Rabies Cases 2003	2	82
Animal Rabies Cases 2004	0	69
Animal Rabies Cases 2005	0	61
Animal Rabies Cases 2006	5	127

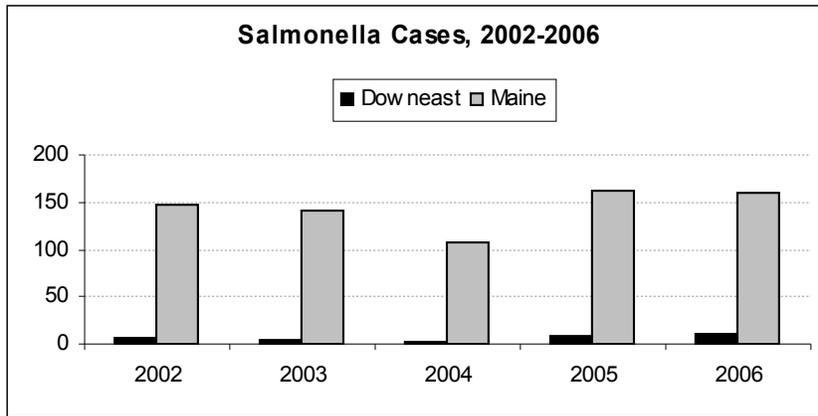
\*Maine CDC Infectious Disease Epidemiology Program

## Salmonella

Salmonellosis is one of the most frequent foodborne illnesses reported in Maine and the US. While most people recover without treatment. The highest incidence occurs among children under five years of age; the elderly, infants, and those with impaired immune systems are more likely to have a severe illness and/or require hospitalization.

A *Healthy Maine 2010* objective is to decrease the incidence of salmonellosis. The Infectious Disease Epidemiology Program tracks and monitors cases, provides education and technical assistance. In addition, Maine CDC’s infectious disease field staff can provide technical assistance in tracking down the source of the salmonella.

See [www.maine.gov/dhhs/boh/salmonella%20information.htm](http://www.maine.gov/dhhs/boh/salmonella%20information.htm) and [www.cdc.gov/salmonella](http://www.cdc.gov/salmonella).



	<b>Downeast District Number</b>	<b>Maine State Number</b>
Salmonella Cases 2002	6	147
Salmonella Cases 2003	4	141
Salmonella Cases 2004	3	108
Salmonella Cases 2005	8	163
Salmonella Cases 2006	11	161

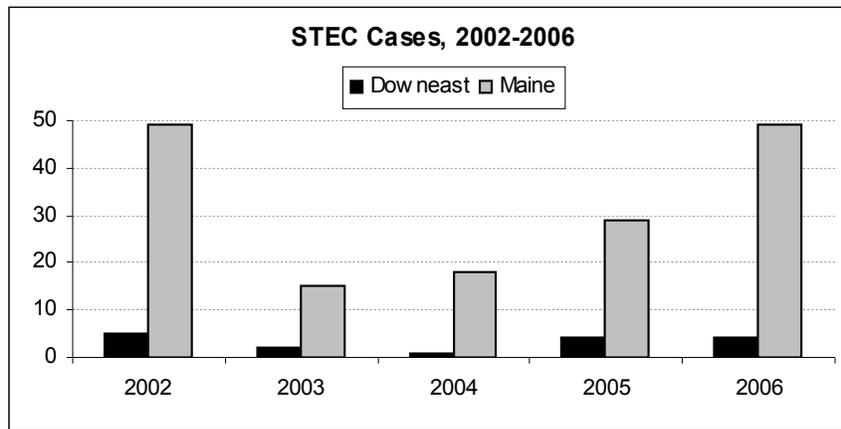
\*Maine CDC Infectious Disease Epidemiology Program

## **Shiga Toxin Producing E. coli (STEC)**

STEC is a leading cause of foodborne illness in Maine. It is a source of the food-borne illness associated with the life-threatening hemolytic uremic syndrome (HUS), particularly in children under five years of age. It can result in death; and causes fear and disruption for communities and businesses.

Decreasing STEC infections is an objective of *Healthy Maine 2010*. The Infectious Disease Epidemiology Program tracks and monitors cases and provides education and technical assistance to clinical providers and communities.

For more information on STEC: [www.cdc.gov/ecoli/](http://www.cdc.gov/ecoli/).



	Downeast District Number	Maine State Number
STEC Cases 2002	5	49
STEC Cases 2003	2	15
STEC Cases 2004	1	18
STEC Cases 2005	4	29
STEC Cases 2006	4	49

\*Maine CDC Infectious Disease Epidemiology Program